

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

531494

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓		✓	
2				✓		✓
3				✓		✓
4				✓		✓
5				✓		✓
6				✓		✓
7				✓		✓
8				✓		✓
9	✓		✓		✓	
10				✓		✓
11	✓			✓		✓
12	✓		✓		✓	
13				✓		✓
14				✓		✓
15				✓		✓
16	✓		✓		✓	
17	✓		✓		✓	
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TOTAL IND.	4		4		4	
TOTAL DEP.	15	→	15	→	15	→
TOTAL CLAIMS	19		19		19	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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